Table 1

	24 hour tirofiban maintenance	48 hour tirofiban maintenance	p Value
Age	59.07±10.69	57.67±14.30	0.254
Male Sex	37 (88%)	34 (80%)	0.612
Diabetes Mellitus	7 (16%)	5 (12%)	0.764
Hypertension	15 (35%)	12 (29%)	0.712
Smoking	23 (54%)	24 (57%)	0.762
Symptom onset to hospital arrival (hour)	3.83±2.09	4.10±2.01	0.380
Door to balloon time (minute)	45.71±15.91	50.95±35.78	0.542
Reference Vessel Diameter	3.27±0.34	3.46±0.38	0.201
5 point scoring system for perfusion defect severity			
Apex	2.90±0.95	2.04±1.43	<0.05
Apical septal	2.65±0.87	1.95±1.32	<0.05
Mid-anteroseptal	2.28±0.83	1.73±1.14	<0.05
Basal-anteroseptal	0.66±0.72	0.5±0.92	0.357
Mid-anterior	1.88±0.94	1.28±1.13	<0.05
Basal-anterior	0.11±0.32	0.33±0.75	0.095
Apical-anterior	2.69±0.81	2.0±1.43	<0.05
Apical-lateral	2.50±0.94	2.21±1.27	<0.05
Summed Rest Score	15.61±4.60	11.97±7.34	<0.05

Baseline characteristics and 5 point scoring system for perfusion defect severity results of anterior STEMI patients

ORALS

OP-049

SYNTAX Score is a Predictor of Angiographic No-Reflow in Patients with ST Elevation Myocardial Infarction Treated with Primary Percutaneous Coronary Intervention

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Objectives: The no-reflow phenomenon has a negative prognostic value in patients with acute ST elevation myocardial infarction (STEMI). SYNTAX score (SS) quantifies extent and complexity of angiographic disease and predict long-term mortality and morbidity in STEMI. We aimed to assess the no-reflow and its possible relationships with SS and clinical characteristics in patients with STEMI treated with primary percutaneous coronary intervention (PPCI).
Methods: In this study, 880 STEMI patients with STEMI treated with PPCI were prospectively included (646 male, 234 female; mean age 58.5±12.4 years). The SS, Thrombolysis in Myocardial Infarction (TIMI) flow grade score and TIMI myocardial blush grade (MBG) score were determined in all patients. No-reflow was defined as TIMI grade 0, 1 and 2 flows or TIMI grade 3 with MBG 0 and 1. The patients were divided into two groups as normal flow group and no-reflow group.
Results: No-reflow was observed at 32.8% of patients. The mean SS of no-reflow group was higher than normal flow group (19.2±6.8/12.9±6.1, p<0.001). On multivariate logistic regression analysis, SS (β=0.872, %CI=0.845-0.899, p<0.001), diabetes (β=0.767, %CI=0.128-4.597, p=0.004), anterior myocardial infarction (β=5.421, %CI=1.369-21.469, p=0.025) and thrombus grade after wiring (β=2.537, %CI=1.506-4.273, p<0.001) were independent predictors of no-reflow. The cutoff value of SS obtained by the ROC curve analysis was 19.75 for the prediction of no-reflow (sensitivity: 70.6%, specificity: 69.4%).
Conclusion: The SS is a predictor of no-reflow in patients with STEMI treated with PPCI.

Comparison of baseline demographic, echocardiographic and angiographic characteristics

Variables	Normal flow (n=591)	No-reflow (n=289)	p value
SYNTAX Score	12.9±6.1	19.2±6.8	<0.001
Age, years	56.3±12.2	61.8±11.7	< 0.001
Ejection fraction (%)	46.7±9.5	43.1±9.1	<0.001

OP-050

Predictive Value of Elevated D-dimer in Patients Undergoing Primary Angioplasty for ST Elevation Myocardial Infarction

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Objectives: The aim of this study was to evaluate the prognostic value of D-dimer in patients with STEMI undergoing primary percutaneous coronary intervention (PCI).
Background: The prognostic value of D-dimer has been documented in patients with acute coronary syndrome without ST-segment elevation. However, its value in acute ST-segment elevation myocardial infarction (STEMI) remains unclear.
Methods: We prospectively enrolled 453 consecutive STEMI patients (mean age 55.6±12.4 years, 364 male, 89 female) undergoing primary PCI. The study population was divided into tertiles based on admission D-dimer values. The high D-dimer group (n=151) was defined as a value in the third tertile (>0.72 ug/ml FEU), and the low D-dimer group (n=302) included those patients with a value in the lower two tertiles (≤0.72 ug/ml FEU). Clinical characteristics, in-hospital and six-month outcomes of primary PCI were analyzed.
Results: The patients of the high D-dimer group were older (mean age 60.1±13.5 vs. 52.4±10.6, p<0.001). Higher in-hospital cardiovascular mortality and six-month all-cause mortality rates were observed in the high D-dimer group (7.2% vs. 0.6%, p<0.001 and 13.9% vs. 2%, p<0.001, respectively). In Cox multivariate analysis; a high admission D-dimer value (>0.72ug/ml FEU) was found to be a powerful independent predictor of six-month all-cause mortality (odds ratio: 10.1, 95% confidence interval: 1.24-42.73, p=0.03).
Conclusions: These results suggest that a high admission D-dimer level was associated with increased in-hospital cardiovascular mortality and six-month all-cause mortality in patients with STEMI undergoing primary PCI.

OP-051

Myocardial Tissue Perfusion Predicts the Evolution of Fragmented QRS in Patients with ST Segment Elevation Myocardial Infarction Undergoing Primary Percutaneous Coronary Intervention

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Background: Fragmented QRS complex (fQRS) is associated with worse outcomes in several cardiovascular conditions. However, alterations in fQRS in patients with ST elevation myocardial infarction (STEMI) who underwent primary percutaneous coronary intervention (PCI) and association of fQRS with myocardial blush grade (MBG) has not been investigated until now. In this study, we aimed to investigate the association of MBG after primary PCI with evolution of fQRS.
Methods: Our study consisted of 401 consecutive patients with STEMI who underwent primary PCI. Patients were categorized into two subgroups according to persistence or new-onset of fQRS (Group 1) and absence or resolution of fQRS (Group 2) at 48 hours after primary PCI. The evolution of fQRS on pre and post-PCI ECG and their relation with myocardial reperfusion parameters were investigated.
Results: Patients in group 1 showed older age, higher rate of smoking, lower HDL-cholesterol, lower LVEF, increased admission time, higher TIMI frame count and high rate of patients with MBG <3 compared to patients with group 2 (p<0.05). In correlation analysis, LVEF showed positive correlation with MBG (r=0.448, p<0.001) and negative correlation with the number of leads with fQRS (r=-0.335, p<0.001). In multivariate regression analysis, new-onset or persistence of fQRS after primary PCI is significantly associated with MBG <3, peak CK-MB level, pre-PCI fQRS at anterior localization and smoking.
Conclusion: In conclusion, despite complete ST segment resolution in all patients, fQRS is independently associated with impaired microvascular myocardial perfusion. So, fQRS, as a simple and easily available non-invasive marker, may be useful in stratification of high-risk patients with increased extent of infarcted myocardium who underwent primary PCI.

OP-052

Prognostic Value of Total Bilirubin in Patients With ST-Elevated Myocardial Infarction Undergoing Primary Coronary Intervention

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Previous studies showed that serum total bilirubin (TB) concentration was inversely related with stable coronary artery disease (CAD), diabetes mellitus (DM),